

# SPECIAL RESERVE

R.C.A.F. SPECIAL RESERVE  
Interview report

J. A. T. P. CANADIAN

	Non-Flying List	Administration Technical Equip. & Accounts
	AIR CREW	<del>PROBABLE</del>
	Air Gunner	<del>PROBABLE</del> Air Gunner
SURNAME	CHRISTIAN NAMES IN FULL	Age 19 Height 5'6 Weight 132 Married or Single No. of Children
Manchur	Carl Albert	
ACADEMIC STANDING		

Grade x complete  
worked also on Grade XI

## FLYING HISTORY (PARTICULARLY DURING LAST YEAR)

None

## EXPERIENCE AND TRAINING (INCLUDING MILITARY) USEFUL IN THE R.C.A.F.

None

SPORTS: <del>EXCESSIVE</del> MODERATELY: OCCASIONALLY:	Rugby, hockey baseball swimming volleyball	HOBBIES:  Reads Mechanics
APPEARANCE: <del>HEAVY</del> <del>HEAVY</del> - MEDIUM - <del>SHORT</del> <del>HEAVY</del> - ORDINARY - <del>SHORT</del> <del>HEAVY</del> - UNTIDY - <del>SHORT</del>	SLIMDER   DRESS:  POORLY DRESSED BUT CLEAN AND NEAT - <del>HEAVY</del> - <del>HEAVY</del> - <del>HEAVY</del>	PERSONALITY: <del>HEAVY</del> - <del>HEAVY</del> - <del>HEAVY</del> SUBMISSIVE - <del>HEAVY</del> <del>HEAVY</del> - <del>HEAVY</del> - <del>HEAVY</del>
INTELLIGENCE: <del>HEAVY</del> - DELIBERATE - <del>HEAVY</del> ORGANIZED <del>HEAVY</del> - <del>HEAVY</del>	PERSONALITY: <del>HEAVY</del> - <del>HEAVY</del> - <del>HEAVY</del> SUBMISSIVE - <del>HEAVY</del> <del>HEAVY</del> - <del>HEAVY</del> - <del>HEAVY</del>	

SUTABLE IN ALL RESPECTS FOR SERVICE IN FULLY QUALIFIED IN PERSONAL RESPECTS x  
R.C.A.F. .... YES ..... NO .....  
FOR COMMISSIONED RANK. .... YES ..... NO .....  
INFORMATION ELUCIDATED FROM INVESTIGATION IN ACCORDANCE WITH A.F.M.6/1 Para. 1(b)

SUMMARY OF ALL OF THE ABOVE:  
Would probably develop into an Air Gunner with  
discipline.  
References not satisfactory - One M.A.A. (2 Ref's to be obtained  
Different names on Birth Certificate (See Declaration  
16-9-40)  
Questions of Nationality  
Hold for further interview  
RECOMMENDED FOR:  
Air Gunner

DATE Aug 16, 1940  
A.F.M.5

RECRUITING OFFICER:

SENIOR OFFICER:

*[Signature]*  
for Air Gunners

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## CERTIFICATE OF MEDICAL EXAMINATION

Part 1. Information obtained from the applicant—

1. Age. *19* 2. Have you ever suffered from any of the following defects in health?

(a) Rheumatism.....	<i>no</i>	(j) Nasal Trouble.....	<i>no</i>
(b) Tuberculosis.....	<i>no</i>	(k) Ear Disease.....	<i>no</i>
(c) Bronchitis or Asthma.....	<i>yes no</i>	(l) Eye Disease.....	<i>no</i>
(d) Heart Disease.....	<i>no</i>	(m) Epilepsy.....	<i>no</i>
(e) Kidney or Bladder Disease.....	<i>no</i>	(n) Nervous or Mental Disease.....	<i>no</i>
(f) Gastro-intestinal.....	<i>no</i>	(o) Syphilis.....	<i>no</i>
(g) Rupture.....	<i>no</i>	(p) Gonorrhoea.....	<i>no</i>
(h) Varicose Veins.....	<i>no</i>	(q) Bone Fracture.....	<i>no</i>
(i) Flat or Deformed Feet.....	<i>no</i>	(r) Other Disease or Defect.....	<i>Broken 1st Bone of Right Hand</i>

3. Have you ever worn glasses? .....

Examiner's Remarks re above.....

*Examined by J. J. [Signature] 1941*  
*Carl* *cf. phone book*  
 Signature of applicant

Part 2. Information obtained by Medical Examination (Applicant must be stripped)—

1. Identification marks or scars (if operative obtain history) .....

*Droops right shoulder skin active on back*

2. Height.....	<i>5</i> feet.....	<i>6</i> inches.....	3. Weight.....	<i>128</i> pounds.....
4. Complexion.....	<i>yellow</i>	5. Color of Eyes.....	<i>gray</i>	Hair lt. brown
6. Development.....	<i>fair</i>	7. Chest Measurement—Full expiration.....	<i>36</i>	inches
	<i>poor</i>	Range of expansion.....	<i>3</i>	inches
8. Hearing—Right.....	<i>w.v.20</i>	Left.....	<i>w.v.20</i>	Tympana—Right.....
	<i>normal</i>	Left.....	<i>normal</i>	normal
9. Vision—Without glasses—Right.....	<i>20/20</i>	With glasses—Right.....		
	<i>Left 20/20</i>			
10. Condition of mouth and teeth.....	<i>satisfactory</i>			
11. Urine—Albumen.....	<i>neg.</i>	Sugar.....	<i>neg.</i>	
12. Abnormalities (Congenital and Pathological) found on Examination.....				
	<i>Urinalysis normal - X-Ray chest negative - Ishihara normal -</i>			

Part 3. The Candidate has been examined in accordance with the pamphlet, "Physical Standards and Instructions for the Medical Examination of Recruits" and he is considered fit for Category

A

Any special remarks of the Medical Officers.....

Date..... 4.4.40

19

*James M. [Signature]*  
 President

Member

Member

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Type.....General appearance.....

~uitability for (state in what capacity).....

Date ..... Signature ..... Rank .....

(B) *Report of Trade Test—*

Trade in which tested.....

Result.....

Trade qualifications other than above likely to lead to efficient employment in the R.C.A.F. ....

Date.....

Signature.....

Rank.....

**DECLARATION MADE BY MAN ON ATTESTATION**

do solemnly declare that the foregoing

particulars are true, and I hereby engage to serve on active service anywhere in Canada, and also beyond Canada and overseas, in the Royal Canadian Air Force for the duration of the present war, and for the period of demobilization thereafter, and in any event for a period of not less than one year, provided His Majesty should so long require my services.

Date..... November 21st 19 40  
 By..... Carl V. Monckton

(D) OATH TAKEN BY MAN ON ATTESTATION

I, **CARL ALBERT MANCHUR** ..... do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

Date..... November 21st ..... 1940.....  
 .....

**(E) CERTIFICATE OF ATTESTING OFFICER**

The Recruit above named was cautioned by me that if he made any false answers to any of the above questions he would be liable to be punished as provided by law.

The above questions and answers were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to and the said Recruit has made and signed the declaration and taken the Oath before me,

at Thompson, Manitoba this 21st day of November 19 40  
Wm. J. Thompson  
 (C/O: BASKERVILLE ST. L.T.)  
 Signature of Officer  
 Rank  
 COMMANDING OFFICER  
 RCMP RECRUITING CENTRE  
 WINNIPEG MANITOBA



## ROYAL CANADIAN AIR FORCE

(ATTESTATION PAPER)

(Pages one and two, only, are to be completed in Applicant's own Handwriting)

1. Surname *Marchuk* Full Christian Names *Carl, Albert*
2. Present Address *196 Oikeno Street Winnipeg, Man. R1A*
3. Permanent Address *196 Oikeno St., Winnipeg, Man.*
4. Place of Birth *Poland, Szymszczyce* Citizenship *Not Canadian* #39982
5. Date of Birth *Feb. 22nd 1931* Married, Single, Widower, Separated, Divorced *Single*
6. Particulars of Children *none*

Name	Date of birth	Name	Date of birth
<i>Not Applicable.</i>			

7. Occupation *Student* 8. Religion *Catholic* State denomination
9. Languages *English and Polish* (Written & spoken well)
10. Next of Kin (Full Name) *Jozef Marchuk* Relationship *Father* State proficiency
- " Address *196 Oikeno St., Winnipeg, Man.*
11. Father (Full Name) *Jozef Marchuk* Birthplace *Poland*
- " Address *196 Oikeno Street Winnipeg, Man.* Citizenship *Not Canadian* #39982
- " Occupation *Carpenter*
12. Mother (Full Maiden Name) *Anna Marchuk* Birthplace *Poland* #4
- " Address *196 Oikeno St. Winnipeg, Man.* Citizenship *Not Canadian*
13. Details of any Naval, Military or Air Force Service: *None*

Unit	Place	Rank	Trade	Date		Reason for discharge
				From	To	
	<i>Not</i>		<i>Applicable.</i>			

14. Honours, Awards, Mentions. *None*
15. Are you now on any Naval, Military or Air Force Reserve? *No*
16. Have you previously made application to join the R.C.A.F.? *Yes* If so, where? *Winnipeg*  
When? *Jan 1940* Result *Unsuccessful*
17. Were you ever discharged from any branch of His Majesty's Forces as Medically Unfit? *No*  
If so, state nature of disability *No*
18. Have you ever been or are you now in receipt of a Disability Pension? *No*  
If so, state nature of Disability *No*
19. Have you ever been convicted of an indictable offence? *No* If so state nature of offence *No*
20. Are you in debt? *No* If so, state particulars *No*

67-185



## 4. Commanding Officer's statement :—

(a) Was the injury sustained

(i) In the performance of air force duty? Yes.(ii) In gliding, a game or other form of physical recreation definitely organised by or with the approval of the proper air force authority? No(iii) On leave? No.

(b) If the answer to (a) (ii) is in the affirmative state

(i) By whom was the game, etc., organised and under whose authority? W/A

(ii) The nature of the game, etc., (e.g., football).....

(iii) Was the officer or airman detailed to take part in it (a) as a member of an air force team, or (b) to compete as an individual? (a)..... (b).....

NOTE.—Questions (iv) to (vi) to be answered in addition only if the injury was sustained at practice.

(iv.) For what service event was the practice held? .....

(v) Was the officer or airman a selected representative of an Air Force unit practising under authority?.....

(vi) If so, under what authority and supervision? .....

(vii) If the injury was sustained in gliding was the injured person participating in the gliding as a member of a Service gliding club under the supervision of an officer or fully qualified airman pilot? .....

(c) If sustained in a game, etc., but not in an organised game, state if there are any special circumstances which should be taken into account if and when the question of attributability has to be decided (K.R. 3612(2) )..... W/A.(d) Was the injury due to his own fault, i.e., did it arise from negligence or misconduct or any blameworthy cause within his own control? No.

If so, state in what way.....

(e) Was anyone else to blame? If so, give name and particulars No.

(f) Is the accident being investigated by

(i) Court of Inquiry? If so, state date and place No.

(ii) An investigating officer?.....

(see K.R. 1325 (3) (a) (ii) as to endorsement required in certain circumstances)

(g) In the case of an airman, if the answer to question (d) is in the affirmative, state whether hospital charges have been or will be recovered (see K.R. 2312.) W/A.

Date..... 2. 8. 194 2

Commanding

Signature..... Sgd. ? S/Ldr.

No. 12 Squadron.

# ROYAL AIR FORCE.

Form 551.

## OFFICER OR AIRMAN—REPORT ON ACCIDENTAL OR SELF-INFLICTED INJURIES OR IMMEDIATE DEATH THEREFROM.

(N.B.—To be rendered in accordance with para. 2312 of K.R. and A.C.I.)

1. Surname MACGILLIVRAY Christian Names (in full) CARL ALBERT  
Rank SGT. Number R80326 Unit 12 SQUADRON  
Date and time of accident 2337 hrs. 29.7.42 Place of accident RAF BIRNBROOK

2. Short statement by injured person of the circumstances of the injury. If an aircraft accident state the type and number of the aircraft. If injury sustained in the performance of Air Force duty the particular act of duty to be specified.

Signed statements of witnesses, or of persons to whom the injured person may have mentioned his injury, to be attached.

*Killed in crash of Wellington II W.5424 on operations.*

3. (a) Description of injuries :—

Multiple injuries Burns.

(b) Are the injuries (i) serious or (ii) of such a nature that they might be the exciting cause of disability later? (i) DEAD (ii) .....

(c) Whether (i) admitted to hospital or (ii) provided with medical comforts (see para 2312 K.R. & A.C.I.) (i) ..... (ii) .....

Date 1.7.42 Signature of Medical Officer (SIGNED) R. W. S. / J. D. R.

Grave location: Binstock (St Mary) Churchyard, Lincolnshire, England.

(18/3)

OVERSEAS		DIGEST TO A.P.L.O.	DIGEST TO CHAPLAIN	LETTER OF CONDOLENCE	CASUALTY LIST
CONF. REC'D	PRESS RELEASE				
3-8-42	141F				4336/1
A. F. R. O.	EXTRACTS OF SIGNAL TO A. or E. C. P. C. D. A. P. B.		M. F. M. S. AND WILL TO A. or E.	MINISTERIAL CARD	ROYAL CONDOLENCE
17-8-42A					
MEMORIAL CROSS	M. F. W. 2643		DEATH CERTIF.		LETTER RE MISSING- BELIEVED KILLED
	REC'D	DESP.	REC'D	DESP.	
LETTER RE MISSING- PRISONER OF WAR	LETTER RE MISSING- INTERNED		LETTER OF SYM- PATHY RE INJURIES		CASE COMPLETED
				MISSING PRESUMED DEAD	

17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100																																																																														
AG.	NAV.	N.F.L.	N.DOS.	A. MIN.	OTHER	LEAVE	L.W.P.	OTHER	R.N.Z.A.F.	RAAF	RAF	RCAF	AIRMAN	OFFICER	THOUSANDS	HUNDREDS	TENS	DIGITS	OVERSEAS	NEWFOUNDLAND	FAR EAST	MEDITERRANEAN	GREAT BRITAIN	OVERSEAS PRIMARY	WESTERN A.C.	ROCKLIFE	CANADA	NEW ZEALAND	AUSTRALIA	ST. SETTLEMENTS	CANADA	OTHER	FRENCH CAN.	TRAINING	OPERATIONAL	FLYING BATTLE	OTHER E.A.	OTHER ACCIDENT	NATURAL ACCIDENT	UNCLASSIFIED	FATAL PRIMARY	REJOINED UNIT	PRISONER OF WAR	PRESUMED DEAD	INTERNEED	UNCLASSIFIED	MISSING PRIMARY	OPERATION	INSANITY	UNCLASSIFIED	DANGEROUS	SERIOUS	ILLNESS PRIMARY	FLYING BATTLE	OTHER E.A.	OTHER ACCIDENT	UNCLASSIFIED	DANGEROUS	SERIOUS	SLIGHT	INJ. PRIM.	NO. 1 T.C.	NO. 2 T.C.	NO. 3 T.C.	NO. 4 T.C.	NO. 5 T.C.	NO. 6 T.C.	NO. 7 T.C.	NO. 8 T.C.	NO. 9 T.C.	NO. 10 T.C.	NO. 11 T.C.	NO. 12 T.C.	NO. 13 T.C.	NO. 14 T.C.	NO. 15 T.C.	NO. 16 T.C.	NO. 17 T.C.	NO. 18 T.C.	NO. 19 T.C.	NO. 20 T.C.	NO. 21 T.C.	NO. 22 T.C.	NO. 23 T.C.	NO. 24 T.C.	NO. 25 T.C.	NO. 26 T.C.	NO. 27 T.C.	NO. 28 T.C.	NO. 29 T.C.	NO. 30 T.C.	NO. 31 T.C.	NO. 32 T.C.	NO. 33 T.C.	NO. 34 T.C.	NO. 35 T.C.	NO. 36 T.C.	NO. 37 T.C.	NO. 38 T.C.	NO. 39 T.C.	NO. 40 T.C.	NO. 41 T.C.	NO. 42 T.C.	NO. 43 T.C.	NO. 44 T.C.	NO. 45 T.C.	NO. 46 T.C.	NO. 47 T.C.	NO. 48 T.C.	NO. 49 T.C.	NO. 50 T.C.	NO. 51 T.C.	NO. 52 T.C.	NO. 53 T.C.	NO. 54 T.C.	NO. 55 T.C.	NO. 56 T.C.	NO. 57 T.C.	NO. 58 T.C.	NO. 59 T.C.	NO. 60 T.C.	NO. 61 T.C.	NO. 62 T.C.	NO. 63 T.C.	NO. 64 T.C.	NO. 65 T.C.	NO. 66 T.C.	NO. 67 T.C.	NO. 68 T.C.	NO. 69 T.C.	NO. 70 T.C.	NO. 71 T.C.	NO. 72 T.C.	NO. 73 T.C.	NO. 74 T.C.	NO. 75 T.C.	NO. 76 T.C.	NO. 77 T.C.	NO. 78 T.C.	NO. 79 T.C.	NO. 80 T.C.	NO. 81 T.C.	NO. 82 T.C.	NO. 83 T.C.	NO. 84 T.C.	NO. 85 T.C.	NO. 86 T.C.	NO. 87 T.C.	NO. 88 T.C.	NO. 89 T.C.	NO. 90 T.C.	NO. 91 T.C.	NO. 92 T.C.	NO. 93 T.C.	NO. 94 T.C.	NO. 95 T.C.	NO. 96 T.C.	NO. 97 T.C.	NO. 98 T.C.	NO. 99 T.C.	NO. 100 T.C.
17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100																																																																														
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BC BER COMMAND

CANADA.  
CONFIDENTIAL.

R.A.F. Form 39,  
Army Form I. 1220,  
Naval Form M. 246.

No. of enclosure in Form 48 20 ~~20~~ NEP-5.  
Serial No. in Form 38 }  
or in A. & D. Book }

Hospital or Sick List—Record Card.

Surname MANCHERS Christian Names FREDERICK  
Rank SGT. Unit 12 Sqdn. Binbrook  
R.A.F. or } R. 80326 Branch or Trade A.G.  
Army No. }  
Age 28 Total } 28 yrs. Under instruc-  
Service } tion as  
Hospital or Station } S.S.Q. RAF Binbrook  
rendering this form }  
Dates of :  
Arrival as direct admission 29-7-42 from Unit  
" " transfer                      from                       
Discharge to duty                       
" " as an invalid or to unit for invaliding                       
Transfer                      to                       
Death 29-7-42.  
Number of days under treatment NIL

CLINICAL NOTES.

Disease or injury Multiple Injuries and Burns(E.A.)

New disease supervening, and date                     

Operation, nature and date                     

Anæsthetic, and method of administration                       
Date                      Previous history of case and family, if relevant Whilst taking  
off on operational sortie crashed and Well-  
ington aircraft caught fire - bomb load ex-  
ploded.

Condition on admission Dead

N.B.—In the event of an error in diagnosis, the disease or injury entered  
will be crossed out in such a way as to remain legible, and the new disease  
or injury will be entered above it. In the event of a new disease supervening  
it will be entered in the space allotted.

R. C. A. F.		FORM NO. R. 325		R. C. A. F.	
NAME	NUMBER	NAME	NUMBER	NAME	NUMBER
1	2	3	4	5	6
7	8	9	10	11	12
13	14	15	16	17	18
19	20	21	22	23	24
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97	98	99	100		

151436

11 April 46

151436

151436

11 April 46

151436

151436

11 April 46

151436

Mrs. Anna Manshew (mother)  
196 Alfens St.,  
Winnipeg,  
Man.

July-45.

MEMORIAL B. R.	
DATE DESP	.....
REC'D. NO	847

05-6-13-6402

NAME.....MANCHUR, Carl Albert

1022-M-7222  
H.Q. FILE NO.

[illegible]

REGT'L NO. R80326

CABLE		NATURE OF CASUALTY				CAS. LIST	
NO.	DATE					NO.	DATE
DATE OF DEATH:	29-7-42	MOTHER LIVING:	YES	WIFE:	NA		6-8-42
MINISTERIAL CARD:	15-8-42	ROYAL MESSAGE:	10-9-42	MEMORIAL CROSS:	8-9-42		
To mother & father	To mother & father	To mother					
Mr. & Mrs. Josef Manchur, 196 Aikens St., Winnipeg, Man.							

REPORT OF FLYING ACCIDENT OR  
FORCED LANDING NOT ATTRIBUTABLE TO ENEMY ACTION

P 90304  
~~P 80826~~  
369

If this incident has been reported to the Air Ministry by signal, quote Reference No. and date \_\_\_\_\_

Unit No. 12	Group No. 1	Command Bomber	Serial No. of Form. 128/70
Date of incident 29.7.42		Nature of and purpose of which flight authorized.	
Time 23.30		(i) Operational or Non-operational Operations (ii) Day or Night Flying? <u>Night</u> (iii) Purpose <u>Bombing operations</u>	
Site of Incident			
Name of Aerodrome or landing Ground <u>Binbrook</u>			
Details of Airframe and Engine		ENGINE	
Type	Wellington	Single or Port	Starboard
Marks or series	11		
RAF No. (and makers' No. for engines)	W.5124		
Extent of Damage	Write off		

All Occupants of Aircraft \_\_\_\_\_ and \_\_\_\_\_ Flying Experience of Pilots.

Duty	Name and Initials	Rank	No.	Degree of Inf.	PART A Total Solo (Day & Night)	PART B Solo (Night)
Front Gunner	MANCHEUR, O.A.	Sgt.	R.80826	Killed		
Remainder of crew - R.A.F.						

SUMMARY OF PILOT'S REPORT:

Duration of flight since last take off. Hours....Minutes....If engine failure occurred during take off quote height.....

Not available - Pilot killed.

Aircraft did not appear to be gathering speed on take-off as it stalled and both engines sounded as if they were not at full boost. The aircraft came off the ground, climbed to about 100 feet and then stalled in and caught fire immediately.

REPORT BY APPROPRIATE SPECIALIST OFFICERS (A.E. Nev., &c)

On examination of the engines after the crash it was found that the two speed superchargers operation pistons were in the 'Fully Supercharged' position instead of 'Medium supercharge'. It is assumed that the pilot selected 'F.S.' instead of 'Boost Over-ride' thus cutting down his effective boost for take-off. This would explain why the engines sounded as if they were throttled.

REMARKS BY THE COMMANDER (to be given under three separate headings) :-

Part A. Remarks as to circumstances of the incident. (If it occurred at night or on near an aerodrome the nature of the lighting system in use at the time is to be noted in Part A.)

Part B. Diagnosis of all contributory factors. The manner in which any particular factor contributed to the incident is to be clearly indicated.

Part C. General remarks (including any recommendation with regard to personnel, training, airframes, engines, accessories, etc.) and notes of any action taken as result of this incident).

A. Normal beam lighting in force. Flarepath & Totem poles illuminated. Circumstances as in para. 10 above. Eyewitness standing within 50 yards of wind end of flarepath states that a/c pulled off the ground and no one held up until wing dropped.

B. The report in 11 above is confirmed to some extent by the eyewitness in para. A above, and my own observations as O.C. Night flying that night. Right from first opening the throttles the take-off run was very sluggish and it is my considered opinion that the F.S. blower was rejected in place of the over-ride and that this & no other reason was the cause of the accident.

C. This has been brought to the attention of all pilots and will be brought up periodically. Could a fool-proof guard or safety device be fitted over the F.S. control?

No technical comment. A more experienced pilot would probably have 'got away with it', by pushing the nose of the aircraft down after clearing the trees of Park Wood. A separate recommendation is being made for the clearance of this wood.

Signature.....Commanding.....Date 3.8.42....

C 64862

# OFFICIAL ROYAL CANADIAN AIR FORCE CASUALTY NOTIFICATION

NUMBER	R20226	RANK/RG/ANT	TRADE	R.O.A.O. (SP GA)	UNIT	OVERSEAS					
NAME	MANCHUR, CARL ALBERT										
MARITAL STATUS	SINGLE		WAS AIRMAN ON INDEFINITE LEAVE WITHOUT PAY?			NO					
					S	E	R	V	I	C	E
					RCAF	RAAF	RAAF	RAAF	RNZAF	OTHER	
					X						

NEXT OF KIN AS SHOWN ON REC. OF SERV. & RELATIONSHIP

ADDRESS	NAME ADDRESS D.A.B.
MR. J. JUSTE MANCHUR (FATHER) 196 ALKINS STREET, WINNIPEG, MAN.	MRS. ANNA MANCHUR 196 ALKINS STREET, WINNIPEG, MAN.

ADL. JONAL PERSON TO BE NOTIFIED

ADDRESS

NEXT OF KIN AS SHOWN ON CAS. SIG. & RELATIONSHIP

ADDRESS

MR. J. MANCHUR (FATHER)  
196 ALKINS STREET,  
WINNIPEG, MAN.

RELIGION

R.C. CANADIAN

FRENCH CANADIAN

OTHER BRITISH (NATURALIZED)

PARENTS NAMES

MR. AND MRS. J. JUSTE MANCHUR

ADDRESS

196 ALKINS STREET,  
WINNIPEG, MANITOBA.

FATHER LIVING ON ENLISTMENT

YES

MOTHER LIVING ON ENLISTMENT

YES

WAS MEMBER ATTACHED TO R.A.F. AT TIME OF CASUALTY? YES/NO

IF SO, WAS HE A B.C.A.P. TRAINEE? YES/NO

IF NOT, UNDER WHAT CIRCUMSTANCES WAS HE SO ATTACHED?

IF MEMBER WAS ATTACHED TO R.A.F. AT ANY TIME, GIVE DETAILS: . . . . .

IF CASUALTY OCCURRED IN CANADA DID MEMBER HAVE SERVICE OUTSIDE CANADA DURING WAR WITH THE GERMAN REICH? YES/NO

IF SO, GIVE PERIOD OR PERIODS: . . . . .

IF ON LEAVE, STATE DATE LEAVE COMMENCED AND WHETHER ON LEAVE WITH OR WITHOUT PAY? . . . . .

AUTHORITY CAS. SIG. NO.

CASUALTY DETAILS:

ALL MINISTRY MEMORAY - P2502 2/2-8-42

3553

KILLED P20-7-42 - DURING AIR OPERATIONS (OVERSEAS) (BRITISH ISLES)

LAST WILL ATTACHED TO NOTIFICATION TO A. OF EI

YES/NO

N.F.M. 3 ATTACHED TO NOTIFICATION TO A. OF EI

YES/NO

DATE

5-8-42

ICAF, R217

RCAF (202)

ICAF, R217

7

COPY FOR DOCUMENT FILE

FOR CHIEF OF THE AIR STAFF

This form if placed in an envelope, marked "Dominion Statistics—FREE, penalty for improper use, \$300," and properly addressed will pass through the mail "FREE."

FORM 5

PROVINCE OF MANITOBA

## OFFICIAL REGISTRATION OF DEATH

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.  
Every item of information should be carefully supplied. (See reverse side for instructions.)

SEC. 45, Vital Statistics Act, makes it the duty of the Undertaker or person acting as Undertaker, to obtain all the particulars required in the "Official Registration of Death" and to file the same with the Division Registrar who shall issue the Burial Permit. The Undertaker obtains the Medical Certificate from the Physician last in attendance, who is required by Section 41 to fill in all the particulars.

1. PLACE OF DEATH { If in Rural Municipality.....		Sec.....		Twp.....		Rge.....							
OF DEATH { If in City, Town or Village.....		(Name) (If in hospital or institution, give name instead of street and number)		Street.....		House No.....							
2. LENGTH OF STAY { In Municipality where death occurred		In Province		In Canada (if immigrant)									
(In years, months and days)													
3. PRINT FULL NAME OF DECEASED.....													
(Surname)													
4. SEX.....													
5. NATIONALITY (Citizenship)		6. RACIAL ORIGIN		7. Single, Married, Widowed or Divorced (Write the word)		8. BIRTHPLACE (If in Manitoba, give exact location; if in Canada, province, city, town, village or nearest post office; if foreign, state the country and post office address)							
Male		Female		Single		Poland							
9. DATE OF BIRTH { Month		Day		Year		10. AGE IN { Years		Months		Days		If less than one day	
February		22nd		1921		21		5		7		hrs. or min.	
11. Trade, profession or kind of work as spinner, teamster, office clerk, etc.								Wireless Operator Air Gunner					
12. Kind of industry or business, as cotton-mill, lumbering, bank, etc.								R.C.A.F.					
13. Date deceased last worked at this occupation.....								14. Total years spent in this occupation.....					
15. If married, widowed or divorced give name of husband or maiden name of wife of deceased.....								N.A.					
PARENTS													
16. Name of father.....								Margaret, Joseph					
17. Birthplace of father.....								Poland					
18. Maiden name of mother.....								STANISLAWA, Anna					
19. Birthplace of mother.....								Poland					
20. Signature of Informant.....								The above stated particulars are true, to the best of my knowledge and belief.					
21. Relationship to deceased													
22. Place of burial, cremation or removal								Date of burial					
23. Burial Permit was issued by.....								Address.....					
24. Signature of Undertaker or person acting as Undertaker.....								Address.....					
25. DATE OF DEATH.....								MEDICAL CERTIFICATE OF DEATH					
(Hour) 20th								(Day) July					
26. I HEREBY CERTIFY that I attended deceased from.....								1942					
to.....								19.....					
19....., and last saw h..... alive on.....								19.....					
27. If a woman, was the death associated with pregnancy?													
28. Was there a surgical operation?.....								Date of operation.....					
State findings.....								Was there an autopsy?.....					
29. If death was due to external causes (Violence) fill in also the following:—													
Accident, suicide or homicide?.....								Date of injury.....					
(State which)								July 29th					
Manner of injury.....								Killed during flying operations					
(How sustained)													
Nature of injury.....													
Specify whether injury occurred in industry, in home, or in public place, public place													
I HEREBY CERTIFY that the particulars and cause of death above written are true to the best of my knowledge and belief.													
Signed by.....								M.D.					
Address.....								Date.....					
30. Registered number.....								filed this..... day of.....					
31. ....								19.....					
(Signature of Division Registrar)													